



**CORPORATION OR EDUCATIONAL
INSTITUTION ELEVATOR CONTRACTOR
LICENSE RENEWAL APPLICATION**

State Form 52474 (12-05)

Approved by State Board of Accounts, 2006

Division of Fire & Building Safety
Division of Elevators
402 West Washington Street, W246
Indianapolis, IN 46204
<http://www.in.gov/dhs/fire>
fax: (317)232-6609
(317)232-0146

ATTACH ADDITIONAL PAGES AS NEEDED TO COMPLETE THIS APPLICATION

1. APPLICANT INFORMATION			
Name of Corporation or Educational Institution:			CO#:
Address:			ED#:
City:	State:	ZIP Code:	
Contact name:		Title:	
Telephone Number:		E-mail:	
2. TYPE OF ENTITY			
The applicant is one of the following (<i>check applicable box</i>):			
<input type="checkbox"/> Corporation			
<input type="checkbox"/> Educational Institution (as set forth in IC 20-12-0.5-1)			
3. RESIDENT AGENT			
Name of Resident Agent:			
Address of Resident Agent:			
City:	State:	ZIP Code:	
4. PROOF OF ELIGIBILITY			
Include the name, business address, phone number, and electronic mail address of every partner (<i>for a partnership</i>) or every general partner (<i>for a limited partnership</i>) who holds a valid elevator contractor license issued by Indiana.			
5. PROOF OF INSURANCE			
One of the following must be submitted: (<i>check applicable box</i>):			
<input type="checkbox"/> Certificate of Insurance that complies with the requirements of IC 22-15-5-14.			
<input type="checkbox"/> Documentation showing that applicant is an Indiana educational institution (as defined by IC 20-12-0.5-1).			
6. PROOF OF WORKMAN'S COMPENSATION COVERAGE			
Proof demonstrating that you are covered by worker's compensation under IC 22-3-2-5 must be submitted with the application.			
7. APPLICATION FEE			
The application must include payment of the license fee of \$500. If paying by check or money order, make it payable to the Fire and Building Services Fund. If paying by <i>Visa</i> or <i>MasterCard</i> , complete the Credit Card Payment form:			
<input type="checkbox"/> A check or money order for \$500 is enclosed.			
<input type="checkbox"/> Payment will be made by <i>Visa</i> or <i>MasterCard</i> and the Credit Card Payment form has been completed and is enclosed.			
8. AFFIRMATION			
I hereby affirm under penalty of perjury that all of the information provided with this application is true to the best of my knowledge:			
Signature: _____		Date: _____	

**CORPORATION OR EDUCATIONAL INSTITUTION
ELEVATOR CONTRACTOR LICENSE RENEWAL APPLICATION
CREDIT CARD PAYMENT**

The application must include payment of the license fee of \$500. If paying by *Visa* or *MasterCard*, complete the following information:

Full Name on Credit Card: _____	
Billing Address	Street: _____
	City: _____ State _____ ZIP Code _____
	Phone Number: _____
	Credit Card (<i>check one</i>): <input type="checkbox"/> <i>Visa</i> <input type="checkbox"/> <i>MasterCard</i>
Account Number: _____	Expiration Date (<i>month/year</i>): _____ / _____
CVV2 Number (<i>last 3 digits of the number in the signature block on the back of the card</i>): _____	
By signing, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer.	_____ Signature